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Bib Data Sheet

CONFIRMATION NO. 7314

SERIAL NUMBER 10/655,595	FILING DATE 09/05/2003  RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 4398-254
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\*\* CONTINUING DATA \*\*\*\*\* *TKM*

This appln claims benefit of 60/424,696 11/08/2002  
 and claims benefit of 60/467,572 05/05/2003  
 and is a CIP of 10/235,846 09/06/2002 PAT 6,823,869  
 which claims benefit of 60/317,486 09/07/2001  
 and claims benefit of 60/342,854 12/28/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *TKM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/28/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY GERMANY	SHEETS DRAWING 27	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 8
Verified and Acknowledged	Allowance <i>TKM</i> Examiner's Signature	Initials <i>TKM</i>			

## ADDRESS

23117

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901 NORTH GLEBE ROAD, 11TH FLOOR

ARLINGTON, VA

22203

TITLE

Forehead pad for respiratory mask

<b>FILING FEE</b>  <b>RECEIVED</b> 2176	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ). <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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